



Australian Government

NHMRC'S 75TH ANNIVERSARY SYMPOSIUM

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Australia's Chief Scientist

National Gallery

11:50am - 12:10pm, Tuesday 29 November 2011

Good morning

It is a pleasure to be here today to participate in the celebration of the 75th anniversary of NHMRC.

I congratulate the NHMRC on this milestone – and recognise that it has been an important part of Australia's scientific, medical and health outcomes throughout its life. Arguably, its importance will be even greater as humanity tries to tackle some of the great problems that loom and as Australia, a keen global citizen, seeks to contribute even more to the health, the security and the prosperity of human-kind.

75 years is a good age. 'Even older than you' – some undergraduates might say these days! Although both of us have more to come.

But in other respects it is not so long. Especially when you think of the accomplishments that we as a nation and that we as scientists and researchers have achieved in that 'short' time.

Warwick has outlined some of those and I won't repeat them. But just try to recall what Australian research was like in 1936 – essentially a country with very little research anywhere. We had universities that were still 12 years away from producing their first PhD; it was 10 years before

a research focussed university (ANU) was established – one that sent substantial numbers of potential staff overseas to acquire their PhDs. We were an Australia that was essentially ignorant of our region with little scholarly work devoted to it, and an Australia that was well and truly tied to ‘the mother country.’ I have described us during this period as a mendicant country – outside looking in and hoping we would get what we needed because it would be given to us though we made little effort to contribute ourselves.

We are now a proud and independent nation. A global citizen that earns its place at international fora because of the work we do and the qualities we bring. With 0.3% of the world’s population and 3% of the world’s research output, we do a lot right.

The founders of the NHMRC and their heirs and successors can be proud of their work. The first funding allocation of 30,000 pounds back in 1937 has grown into \$673.7 million this year for 1,140 grants to support researchers, research projects and research institutions Australia-wide.

And when you combine that with the quality of the work supported, over the years, it’s a true testament to the wisdom of the founders – and the politicians who have supported it over the 75 years – sometimes with the odd

hiccup and skid marks on the tarmac. Australian expenditure on medical research is estimated to be 1.1% of the global expenditure but the proportion of world health returns attributable to Australian research is 3.0%¹.

So again, we are contributors to the international pursuit of knowledge on the one hand and to improving human health outcomes on the other.

But no future is certain – however rosy the past. It is neither wise nor sensible to sit back as if this heritage is really an entitlement. It is the foundation on which we can build – and the means by which we can amply demonstrate the return on investment, that adequate support in the right hands can deliver.

And we need to do that – relentlessly. In a world facing the financial turbulence that we see around us all the time, what investments are made, where and by whom for what purpose will be forever under scrutiny. The instinct to cut is the dominant characteristic of our times; the instinct to invest, wisely and carefully, is one we need to encourage. And it is up to us to help that latter instinct grow and flourish. We need to explain, patiently, that we must never again be the mendicant – that we get a place at the table

¹ Australian Society for Medical Research. 2008. The value of Investing in Health R&D in Australia. Available: <http://www.asmr.org.au/Except1108.pdf>

where the big decisions are made because we earn a place at that table.

I doubt that the Australian public would be happy for us to be on the outside looking in.

On the surface it's easy to see why. Health and medical research is unique in the scientific community as the effect is felt on a very personal level. Although some might argue that using a microwave or computer daily is personal too, or that combating climate change is extremely personal, nothing seems to resonate more than our health. We might forget the science behind the microwave or the mobile and take for granted the science behind the plastics and the food we use every day, but when we get sick, we don't forget medicine, medicines and medical research.

Some recent statistics showed that 91% of Australians support the federal government spending more money on medical research.

Only 6% supported more money to sport programs to help champion athletes win Olympic medals². However, come London 2012 this maybe a different matter considering our current form....

² Research Australia. 2010. Health and Medical Research Opinion Poll 2010. Available: <http://researchaustralia.org/Publications%20Public%20Opinion%20Polls/Research%20Australia%20Public%20Opinion%20Poll%202010%20low%20res.pdf>

It is also encouraging to note that in the same study 89% of Australians indicated that they would be willing to pay \$1 more for each prescription medicine if they knew that all the money would be spent on additional health and medical research.³

This is good – no doubt about that. But, as I said before, we can't rest on our oars and presume it will ever be thus. And that as a consequence funding will never be an issue. Sure it is the best first step to have the public onside – but remember it wasn't so long ago that there were doubts.

It wasn't that long ago that health research was struggling as the tobacco industry rallied against scientists, sowing seeds of doubt about the legitimacy of research into the effects of tobacco smoke on our lungs, heart, throat and children. I am sure we have all seen the very, very old person wheeled out from somewhere who smoked heavily and drank alcohol everyday for, what 80 or more years; living proof that, really, it wasn't so risky. Combined with the 'it won't happen to me' syndrome, people still smoke.

The merchants of doubt as they have been called are alive and well – and probably waiting.

As we do things differently, as we do new things, we have to take the care and the time to bring the community along

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with us. We will do things differently; we can't expect a world with a population of nine billion by 2050 to be fed, secure and reasonably prosperous if all we do is a bit more of what we do now. And as we push and change and evolve – as we play our part in that future for humanity, let me repeat, we have to take the time and make the effort to bring the community along with us.

We have to explain the regulations that are in place within the scientific community to protect the public from rogue science – think of the MMR vaccine and the impact of flawed work on vaccination. We have to explain the regulations in place to protect the community from genuine science that is truly experimental and we need to explain the licensing and the ethical arrangements that are in place to protect against a world where simply anything can be done because the doer says that it is good.

The NHMRC codes, including the ethical requirements, identify the requirements that medical researchers must meet – the public has a right to know and it is important for our future work that they do.

When we look into the future there is another matter I would like to raise. It is estimated that by 2019, almost six and a half thousand members of the health and medical

research workforce will have retired, 4000 of whom have PhDs⁴.

We currently have sufficient rates of medical research PhD completions to maintain our current workforce over the next ten years⁵. But if Australia is to have the most highly educated, best skilled and highly trained health and medical research sector in the world, which must be our aim, the number of PhD qualified researchers would need to expand 2.5 fold to be on par with the European workforce⁶.

In order to achieve this, or at least help to it along, we need to look at how we support medical research and the jobs in medical research.

Let me ask: does our present system of scholarships, numerous post-docs, grants, grants and more grants lead to jobs that are satisfying and secure? The answer from a fair number of people would be 'no', we need to rethink how we support our best and brightest – at all ages and at

⁴ Australia Society for Medical Research, 2010. People make research happen: Planning the Health and Medical Research Workforce 2010-2019. Available: <http://www.asmr.org.au/workforce09.pdf>

⁵ Department of Innovation, Industry, Science and Research, Research Workforce Strategy 2011

⁶ Australia Society for Medical Research, 2010. People make research happen: Planning the Health and Medical Research Workforce 2010-2019. Available: <http://www.asmr.org.au/workforce09.pdf>

all stages. Because we care – and because we need them.

Change is a part of our lives – some changes we can control and some we can't.

Thinking about the future workforce and how we encourage people to see it as a fantastic career, in the numbers we need, is a challenge we can't ignore – and a change over which we can exert some control.

None of these are issues or responsibilities avoided by the NHMRC or medical researchers more generally. Even my generation of medical researchers we were taking the first tentative steps and being available to the media.

Sure we often cringed at how we were reported; we worried about what our peers would think of us – especially when a cheery photograph appeared under the headline announcing yet another 'breakthrough.' And we were nervous, anxious and not very good at it. But we did it because the NHMRC took the line that public support for medical research was an important part of the case for funding.

As a junior member of the then Medical Research Committee – with prospects they probably said – I remember meeting with John Chalmers, John Coghlan

and John Funder in the back room of some restaurant in Sydney Road, Coburg in the early 1980s to discuss the tactics – getting to the public, getting to politicians, getting, particularly, to the Prime Minister; working out the return, the place of Australian research in the international efforts, getting a fix on the future health threats (only some of which were predictable). We talked about how to use the media as it used us; how to enjoy what we did – not just on the night in that place.

Indeed, as I stand here, I can reflect on how much I learnt from being part of the NHMRC.

So I conclude by wishing you well – and remind you that as you contribute to the NHMRC and its role, it is changing you and preparing you for roles that you might play. That, I think, is not a bad return on your investment.

Thank you again for allowing me to share in these celebrations. – Thank you.